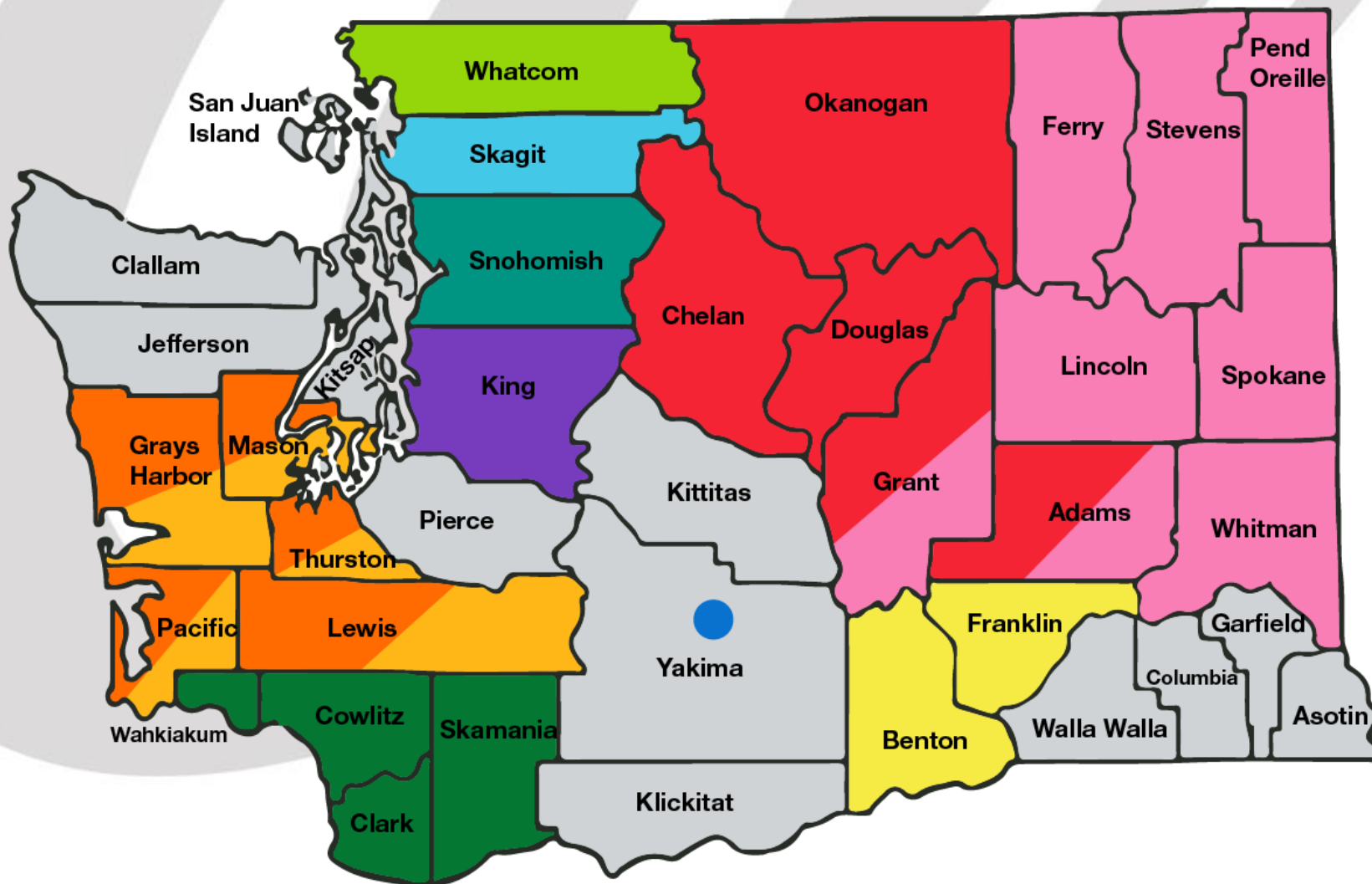


# Washington State Health Care Innovation Plan

## ***The Role of Community-Based Initiatives and Organizations***

**Moving from “as is” towards “to be”  
Working Draft - July 2013**



## WSHCIP AND COMMUNITY-BASED ORGANIZATIONS

■ No Community-Based Health Improvement Organization

- Benton-Franklin Community Health
- Central Western WA Regional Health Improvement Collaborative
- CHOICE Regional Health Network
- Community Choice Healthcare Network
- EWARHIC

- King County Health
- SignalHealth Central Washington Health Partners
- Skagit County Health Alliance
- Snohomish County Health Leadership Coalition
- Southwest Washington Regional Health Alliance
- Whatcom Alliance for Health Advancement

Name	Region	Year Founded	Mission	Funding	Public Involved?	Governing Structure
<b>Benton Franklin Community Health Alliance</b>	Benton and Franklin counties	1992	Cooperation of community and health care providers to assess and facilitate community health needs with affordable and accessible health care for all residents of the Mid-Columbia	The four local hospitals are assessed bi-annually for funding	Yes	6-member board of directors; 35-member Community Council
<b>Central Western WA Regional Health Improvement Collaborative</b>	Grays Harbor, Lewis, Mason, Pacific, Thurston counties	2012	To improve the physical, mental and social health of residents in the five counties through cross-sector coordination.	Thurston County Department of Health funding a part-time project manager	No	Led by steering committee; Leadership Council planned by Fall
<b>CHOICE Regional Health Network</b>	Grays Harbor, Lewis, Mason, Pacific, Thurston counties	1995	Better health for everyone at less cost	Membership dues, federal, state, local and private grants/contracts, donations, consulting fees	Indirect	14-member board of directors
<b>Community Choice Healthcare Network</b>	Okanogan, Chelan, Douglas, Grant and Adams counties.	1995	Facilitate healthy communities through support for high quality, efficient healthcare, informed healthcare consumers, innovation and leadership	Membership dues, state and federal grants or contracts	Indirect through board members	10-member board of directors
<b>Eastern WA Regional Health Improvement Collaborative</b>	Adams, Ferry, Grant, Lincoln, Pend, Oreille, Spokane, Stevens, and Whitman counties	2011	Promote the health of region's residents through action around the triple aim, working with other collaboratives across the state to make WA the healthiest state	Empire Health Foundation through December 2013, possibly longer	No	Led by a steering committee; formal governance to be in place by July 2013
<b>King County Health and Human Services Transformation Plan</b>	King County	2013	The simultaneous pursuit of an improved experience of health and human services, improved health of residents, and lowered or controlled costs	King County	Yes	30-member Transformation Panel serves as an advisory role; will pivot to new form of governance for implementation

## WSHCIP and Community-Based Organizations

Name	Region	Year Founded	Mission	Funding	Public Involved?	Governing Structure
<b>Signal Health Central Washington Healthcare Partners</b>	Yakima area	2011	Implement The Triple Aim with a clinically integrated network through which physicians will share information about patients and provide care more collaboratively	Entirely by Yakima Valley Memorial Hospital	Indirect through board members	5-member board , 13-member operating committee; overseen by Memorial Hospital board of trustees
<b>Skagit County Alliance for Health Care Access</b>	Skagit County	2010	Help all citizens find the appropriate healthcare option and then to help the healthcare community to education and direct people who need care to the right organization	Contributions by all partners	No	5-member board
<b>Snohomish County Health Leadership Coalition</b>	Snohomish County	2013	Foster community vitality, competitiveness and prosperity through better health and healthcare value	Subgroup of coalition members in-kind and direct funding, corporate sponsors, philanthropic organizations, community campaigns, potentially government agencies.	Indirect through Coalition members	12 -member steering committee
<b>Southwest Washington Regional Health Alliance</b>	Clark, Cowlitz, Skamania and Wahkiakum counties to include Cowlitz Indian tribe	2010	To achieve better health for the population, better care for individuals and reduced costs	Counties and in-kind resources from participating organizations – soliciting from board member's organizations	Yes	11-member board of directors
<b>Whatcom Alliance for Health Advancement</b>	Whatcom County	2002	Connect people to health care and facilitate the transformation of the current system into one that improves health, reduces cost, and improves the experience of care	Funding from CMS contract, state and local government contracts, various foundation and grant resources, donations, and core sponsor support	Yes	20-member board of directors

## WSHCIP and Community-Based Organizations

# WSHCIP and Community-Based Organizations

Moving from “as is” towards “to be” – a summary:

- As is, community-based organizations in the state vary significantly, but in general have considerable capacity and willingness to support the transformation of Washington’s health system toward better care, better health outcomes and lower costs
- As is, the state provides these organizations with little support or assistance, fails to take full advantage of them, and is not well positioned to do so in the future
- If the potential of community-based organizations to materially influence the structure and performance of the health care system is to be fully realized, a means needs to be established that allows them to be partners with the state in a way that recognizes and addresses the unique needs and interests of each organization – and makes the most of local innovation and the unique capabilities of each – but that uniformly furthers the overall interests of the state

# WSHCIP and Community-Based Organizations

As is, community-based health improvement organizations in WA:

- Are active in most parts of the state
  - 11 different organizations cover 27 of 39 counties, including most major population centers
  - But some areas remain without
- Share a common vision focused generally on:
  - Achieving The Triple Aim: better health, better health care, lower costs
  - Collaboration both among health care providers and between health care providers and other people and programs in the community that contribute to health and well-being
- Are not unique to this state
  - Examples: Health Enterprise Zones (Maryland); Purpose Built Communities (Georgia); Growing Up Healthy (Minnesota); Building Healthy Communities (California)
  - Nearly 200 community health collaboratives from around the nation are members of “Communities Joined in Action”

# WSHCIP and Community-Based Organizations

As is, community-based health improvement organizations in WA:

- Vary significantly as to their current stage of development, available resources, record of accomplishment and sustainability
  - Accomplishments are sufficient to demonstrate potential and adaptability of community-based organizations generally, but some individual organizations remain unproven
  - All face resource limits affecting what they can do and the impact that they can have
- Have diverse histories, governance, operating structures, strategies and programs
  - Seven of the 11 were founded in 2010 or later
  - Some are government-led, some business-led, many are non-profit
  - Single and multi-county “regions” are self-defined
  - Activities reflect local needs and interests, and the particular aptitudes of each organization’s staff
  - There is little coordination among the organizations statewide
  - Use of data to make decisions and measure results varies

# WSHCIP and Community-Based Organizations

As is, community-based health improvement organizations in WA:

- Include a large number of participants representing many key sectors
  - Not every sector is represented on every project or in every organization, but most appear to have the trust of the community and the capacity to engage the right individuals and groups as needed
  - Commercial carriers and tribes are generally not well represented
  - The opportunity for the general public to participate and provide input is uneven; many rely on board members to speak on the public's behalf
- Are not a product of state or federal law
  - Emerged largely as a result of local interest and initiative, using local funding, staff and expertise
  - No explicit role or obligation in the health care delivery system or under the Affordable Care Act



# WSHCIP and Community-Based Organizations

As is, community-based health improvement organizations in WA:

- Engage with the state and (at-times) federal governments most often as an agent or contractor on individual government-lead projects
  - Historically undervalued by state government; not viewed as integral to implementing state programs or furthering state interests
  - The state otherwise provides them with little support or assistance
  - Communication generally goes one way: organizations have little opportunity to make requests of the state
  - They work around or are limited by state laws and siloed state funding
- Relate to each other only informally; there is no formal mechanism in place for them to inform each other's activities, including replicating successes or learning from failures
- Are interested in a “new” relationship with the state, but are wary of how they are perceived and the state's intentions with them under the SHCIP; concerned about an unequal relationship where local control is lost and local priorities are overlooked

## WSHCIP and Community-Based Organizations

In the preferred future (“to be”) community-based health improvement organizations in WA:

- Develop and work in partnership with the state on health care transformation, eventually covering all counties
- Are allowed to initially engage with the state on its State Health Care Improvement Plan largely as they currently exist, without significant prerequisites
- Maintain a local identity while also serving state needs
  - Stay true to their roots as community-based organizations
  - Are trusted, encouraged and relied upon by the state to develop innovative local programs to address issue of statewide concern

# WSHCIP and Community-Based Organizations

In the preferred future (“to be”) community-based health improvement organizations in WA:

- Operate in true partnership with the state, where:
  - There is agreement on what’s to be done, and how authority, accountability and risk are to be shared in doing it
  - Communication and accommodation goes both ways; each organization helps identify state laws and funding silos that unnecessarily interfere with its achievement of transformation goals, and works with the state to address them
  - Both local and state interests are identified and addressed
- Have their strengths acknowledged and valued by the state, and put to best use
  - Close personal relationships built on trust, a common history and routine interactions around daily activities
  - Knowledge and understanding of local people, circumstances, programs, interests and culture
  - Engagement of many, often with significant experience and expertise, who will not engage directly with the state
  - Proximity to the actual service delivery and to those being served
  - Connection and commitment to their community as their home

# WSHCIP and Community-Based Organizations

In the preferred future (“to be”) community-based health improvement organizations in WA:

- Acknowledge, value and benefit from the strengths of the state
  - Greater resources and ability to absorb risk
  - Relationship to the federal government and better ability to draw on national funding, expertise and organizations
  - Access to and ability to analyze relevant data
  - Statewide communication network
  - Standing to identify, direct and coordinate matters of statewide significance among state agencies and at the local level
  - Understanding of and control over state law, including state funds
  - Ability to amplify and legitimize the work of community-based organizations
- Achieve short-term results while building long-term capacity

## WSHCIP and Community-Based Organizations

In the preferred future (“to be”) community-based health improvement organizations in WA:

- Are held accountable to uniform statewide standards, measuring both process and outcomes, achieved through local means
- Routinely replicate what others, both within Washington and other states, demonstrate works and apply lessons from what others demonstrate does not

## Questions?

**Jonathan Seib**

Senior Vice President, HealthCare  
Strategies 360

1505 Westlake Ave N. - Suite 1000  
Seattle, WA 98109

206-282-1990

360-280-2525

[jonathans@strategies360.com](mailto:jonathans@strategies360.com)